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TL&A 512-327-5452

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NO. 2024 P. 3

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 450.00)**Complete if Known**

Application Number	09/884,720
Filing Date	June 19, 2001
First Named Inventor	Richard R. Hengst
Examiner Name	Ram N. Kackar
Art Unit	1763
Attorney Docket No.	1035-E3978

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 50-2469 Deposit Account Name: TOLER, LARSON & ABEL, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$) 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total ClaimsExtra Claims Fee (\$) Fee Paid (\$)**Multiple Dependent Claims**Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

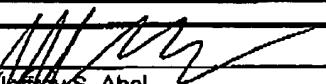
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	<u>Fees Paid (\$)</u>
- 100 =				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Two-Month Extension of Time Fee 450.00**SUBMITTED BY**

Signature		Registration No. 36,079 (Attorney/Agent)	Telephone 512-327-5515
Name (Print/Type)	Jeffrey S. Abel		Date 07/25/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE COVER SHEET

DATE: July 25, 2005

TO: Examiner Ram N. Kackar **FAX NO.:** 571-273-8300
USPTO GAU 1763

FROM: Jeffrey S. Abel
Reg. No.: 36,079

RE U.S. App. No.: 09/884,720, filed June 19, 2001

Applicant(s): Richard R. Hengst

Atty Dkt No.: 1035-E3978

Title: APPARATUS AND METHOD OF MAKING SLIP FREE WAFER

NO. OF PAGES (including Cover Sheet): 14

MESSAGE:

Attached please find:

- Transmittal Form (1 pg)
- Fee Transmittal (1 pg)
- Extension of Time (Two-month, 1 pg)
- Response to Office Action (10 pg)

5000 Plaza On The Lake
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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

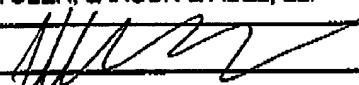
Application Number	09/884,720
Filing Date	June 19, 2001
First Named Inventor	Richard R. Hengst
Art Unit	1763
Examiner Name	Ram N. Kackar
Attorney Docket Number	1035-E3978

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ENCLOSURES (Check all that apply)

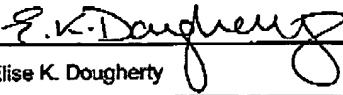
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks CUSTOMER NO.: 34456		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	07/25/2005	Reg. No.	36,079

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name	Elise K. Dougherty	Date

7/25/05

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